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NJDHSS Communicable Disease Service Weekly

Statewide Influenza Activity Summary

Week Ending March 17, 2006

Influenza level of activity: "REGIONAL ACTIVITY"

From September 20, 2005, to date 1,359 unique clinical specimens have been tested by the New Jersey Public Health and Environmental Laboratory and NJ clinical laboratories participating in the World Health Organization and National Respiratory and Enteric Virus Surveillance System*. What follows is a summary of culture-confirmed cases of influenza identified through testing performed by these laboratories for the week ending March 17, 2006:

- Number of influenza A culture confirmed cases: 92
- Number of influenza B culture confirmed cases: 3

This is the twenty-fifth week of the 2005-06-influenza season in New Jersey. For the third week in a row, the NJDHSS Communicable Disease Service was not notified of any respiratory outbreaks in any of the schools or health care institutions in the state, the number of influenza A and influenza B culture positive isolates continues to decrease.

Rates of influenza-like illness (ILI) from nursing homes and emergency department visits are 1.21% and 5.39% respectively. The rate for school absenteeism is 5.13%. Hospital laboratory surveillance for respiratory syncytial virus (RSV) shows slight increase in the number of tests performed and number of positives.

A few of the county percentage parameters showed figures well above the total average (see 14Mar06.pdf Table) but should not be interpreted as an increased level of activity since the denominator of reporting entities is very small.

Overall, this week's ILI surveillance parameter remains within the same baseline compared with last week's or the same period in previous seasons. The final weekly ILI surveillance report for this flu season should be expected in two weeks (week ending March 31, 2006) if this trend continues. The level of influenza activity in New Jersey might then be lowered to "No Activity" officially marking the end of the 2005-2006 influenza season in the state of New Jersey.

Severe influenza associated pediatric illness surveillance system:

The NJDHSS, Communicable Disease Service continues to monitor influenza associated severe illness and death in the pediatric population. To date, the NJDHSS Communicable Disease Service has not received any associated death report meeting the established criteria as stipulated in the surveillance protocol.

From the analysis of all the surveillance data collected, this week's level of influenza activity in the state of New Jersey remains at "REGIONAL ACTIVITY".

National weekly ILI surveillance report:

According to the CDC's latest influenza weekly activity level report for week 9 (February 26 – March 04, 2006), influenza activity increased in the United States. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) was above the national baseline. The proportion of deaths attributed to pneumonia and influenza was below the baseline level. One influenza-associated pediatric death was reported during week 9, CDC has received reports of 14 influenza-associated pediatric deaths, which occurred during the current influenza season. There were no influenza associated pediatric deaths in New Jersey. Twenty-five states and New York City reported widespread influenza activity; 13 states including New Jersey reported regional influenza activity; 8 states and the District of Columbia reported local influenza activity; while 4 states reported sporadic influenza activity. For more information go to: <http://www.cdc.gov/flu/>

Influenza virus infection itself is not a clinical or laboratory reportable disease in New Jersey according to N.J.A.C. 8:57-1. Accordingly, activity levels must be extrapolated from weekly monitoring activities of healthcare facilities and providers dispersed around the state.

Avian flu WHO update:

The Ministry of Health in Azerbaijan has reported its first three cases of human infection with the H5 subtype of avian influenza virus. All three cases were fatal. To date the cumulative number of laboratory-confirmed human cases of avian influenza A/(H5N1) reported to WHO stands at 177 including 98 deaths. WHO reports only laboratory confirmed cases. WHO has just released an advisory recommendation on the use of Oseltamivir (Tamiflu) for both treatment and prophylaxis of influenza. According to the recommendation, there is no direct clinical trial evidence that shows that Oseltamivir is effective in human H5N1 disease. For more information go to: <http://www.who.int/csr/disease/influenza/en/>

*The laboratories conduct testing of pre-season isolates and the first isolates of the season. These isolates can provide information regarding circulating strains and information necessary for the vaccine formulation for the following year's flu season. Also, test results from representative samples collected during peak influenza activity late in the season, and after a major influenza outbreak, may identify new variants that are just beginning to circulate in the community, helping to inform vaccine formulations for the following year.

References and Resources:

- To obtain previous ILI reports: <http://nj.gov/health/fluinfo/index.html>
- <http://www.nj.gov/health/flu/preventflu.shtml>
- <http://www.cdc.gov/flu/>
- <http://www.who.int/csr/disease/influenza/en/>
- <http://www.cdc.gov/mmwr/>